

Please type a plus sign (+) inside this box ☒

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

**EXPRESS MAIL NO.: EL617038942US**

Attorney Docket No.

PROV1100-1

First Named Inventor

Robert E. Krall

Original Patent Number

6,037,366

Original Patent Issue Date  
(Month/Day/Year)

March 14, 2000

Express Mail Label No.

APPLICATION FOR REISSUE OF:



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent  
format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))
  - ☒ Written Consent of all Assignees (PTO/SB/53)
  - ☒ 37 C.F.R. § 3.73(b) Statement  
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)  
or large table
9. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii ☐ paper
  - c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes  
to the claims. See 37 CFR 1.173 (c).
11. ☒ Original U.S. Patent for surrender
  - ☐ Ribbioned Original Patent Grant
  - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS  
Citations
14. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: **Petition to Make Special**  
**Prohold Medical Corporation..**  
**(name change)**

### 18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

28213

or ☐

Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Address

Zip Code

City

State

Fax

Country

Telephone

NAME (Print/Type)

Lisa A. Haile, J.D., Ph.D.

Registration No. (Attorney/Agent)

38,347

Signature

Date

March 30, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REISSUE APPLICATION FEE TRANSMITTAL FORM**

Docket Number (Optional)

**PROV1100-1****Claims as Filed - Part 1**

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B) 16 -20	**** 0 =	x \$ _____ =	120.	or	x \$ _____ =
(C)	Independent claims (37 CFR 1.16(i))	(D) 6 -3	. 3 =	x \$ 40 =			x \$ _____ =
Basic Fee (37 CFR 1.16(h))					\$355.		\$ _____
Total Filing Fee					\$475.	OR	\$ _____

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$	OR	\$	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1355.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 475.00 to cover the filing / additional fee is enclosed. (Check# 473210)☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.****March 30, 2001**

Date



Signature of Applicant, Attorney or Agent of Record

**Lisa A. Haile, J.D., Ph.D.**

Typed or printed name

PATENT  
ATTORNEY DOCKET NO.: PROV1100-1

10971 U.S. PTO  
09/823775  
03/30/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Name of Patentees: Krall et al.  
Patent No.: 6,037,366 Date Patent Issued: March 14, 2000  
Title of Invention: COMPOSITION FOR CREATING VASCULAR OCCULSIONS

**BOX REISSUE**

Commissioner for Patents  
Washington, D.C. 20231

**PETITION TO MAKE SPECIAL**

Sir:

By this petition, it is requested that the application for reissue of U.S.Pat. No. 6,037,366 be made special. This request is made under the provisions of 37 C.F.R. §1.102, on the basis of the age of the inventor. The inventors of this application are Robert E. Krall, of Alpine, California, Charles W. Kerber of La Mesa, California, and Kimberly Knox of La Mesa, California. Dr. Krall is presently seventy five (75) years of age. Dr. Krall's statement of his age is set forth as Exhibit A-1 to this petition.

CERTIFICATE OF MAILING BY "EXPRESS MAIL"	
"EXPRESS MAIL" MAILING LABEL NO.	<u>EL617038942US</u>
DATE OF DEPOSIT <u>March 30, 2001</u> I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 C.F.R. § 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO THE ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231	
<u>MIKHAIL BAYLEY</u>	
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)	
<u>Mikhail Bayley</u>	
(SIGNATURE OF PERSON MAILING PAPER OR FEE)	


PATENT  
ATTORNEY DOCKET NO.: PROV1100-1

Name of Patentees: Krall et al.  
Patent No.: 6,037,366 Date Patent Issued: March 14, 2000  
Title of Invention: COMPOSITION FOR CREATING VASCULAR OCCULSIONS  
Page 2

As set forth in 37 C.F.R. §1.102(c), no fee is deemed necessary in connection with the filing of this response. However, if any fee is deemed necessary, the Commissioner is authorized to charge (or apply any credits to) Deposit Account No.: 50-1355. The Examiner is invited to contact Applicants' undersigned representative if there are any questions related to this matter.

Respectfully submitted,

Date: 3/30/01



Lisa A. Haile, J.D., Ph.D.  
Registration No. 38,347  
Telephone: (858) 677-1456  
Facsimile: (858) 677-1465

GRAY CARY WARE & FREIDENRICH LLP  
4365 Executive Drive, Suite 1600  
San Diego, California 92121-2189

**USPTO Customer Number 28213**

Exhibit A-1

PATENT

ATTORNEY DOCKET NO.: PROV1100-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Name of Patentees: Krall et al.  
Patent No.: 6,037,366  
Title of Invention: COMPOSITION FOR CREATING VASCULAR OCCULSIONS  
Date Patent Issued: March 14, 2000

INVENTOR'S STATEMENT OF HIS AGE

I, Robert E. Krall hereby declare as follows:

- 1) My residence is: 2728 Via Dieguenos, Alpine, CA 91901.
- 2) I am a citizen of the United States of America.
- 3) I am the inventor of U.S. Pat. No. 6,037,366, along with Charles W. Kerber of La Mesa, California, and Kimberly Knox of La Mesa, California.
- 4) I was born on 24 February 1927, and am presently 74 years old.

Signed: Robert E. Krall  
Robert E. Krall

Date: 3/30/01

Please type a plus sign (+) inside this box



PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

EXPRESS MAIL NO.: EL617038942US

Attorney Docket No.

PROV1100-1

First Named Inventor

Robert E. Krall

Original Patent Number

6,037,366

Original Patent Issue Date  
(Month/Day/Year)

March 14, 2000

Express Mail Label No.

APPLICATION FOR REISSUE OF:



Utility Patent



Design Patent



Plant Patent

(Check applicable box)

### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))
  - ☒ Written Consent of all Assignees (PTO/SB/53)
  - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii ☐ paper
  - c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☒ Original U.S. Patent for surrender
  - ☐ Ribbonded Original Patent Grant
  - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: **Petition to Make Special**  
**Prohold Medical Corporation..**  
**(name change)**

### 18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

28213

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Address

City

Country

Zip Code

State

Fax

Telephone

NAME (Print/Type)

Lisa A. Haile, J.D., Ph.D.

Registration No. (Attorney/Agent)

38,347

Signature

*Lisa A. Haile*


Date

March 30, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

1c971 U.S. PAT. 09/823775 03/30/01

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) <b>PROV1100-1</b>		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A)	Total Claims (37 CFR 1.16(j))	(B) 16 -20	**** 0 =	x \$ ____ =		or	x \$ ____ =	
(C)	Independent claims (37 CFR 1.16(i))	(D) 6 -3	. 3 =	x \$ 40 =	120.		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$355.			\$ ____
Total Filing Fee					\$475.		OR \$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$		OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1355</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>475.00</u> to cover the filing / additional fee is enclosed. (Check# 473210)</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><b>March 30, 2001</b> Date</p> </div> <div style="width: 50%; text-align: center;">             Signature of Applicant, Attorney or Agent of Record   <u>Lisa A. Haile, J.D., Ph.D.</u>            Typed or printed name         </div> </div>								

State of Delaware  
Office of the Secretary of State

---

PAGE 1



I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PROHOLD MEDICAL CORPORATION", CHANGING ITS NAME FROM "PROHOLD MEDICAL CORPORATION" TO "PROVASIS THERAPEUTICS INC.", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2000, AT 9 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.



Edward J. Freel, Secretary of State

3114023 8100

AUTHENTICATION: 0804286

001581026

DATE: 11-20-00



**CERTIFICATE OF AMENDMENT  
OF RESTATED  
CERTIFICATE OF INCORPORATION OF  
PROHOLD MEDICAL CORPORATION.**

Prohold Medical Corporation, a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware, does hereby certify:

**FIRST:** That at a meeting of the Board of Directors, resolutions were duly adopted setting forth a proposed amendment to the Certificate of Incorporation of said corporation, declaring said amendment to be advisable and calling for a written consent of the stockholders of said corporation for consideration thereof. Pursuant to such resolutions, Article First of the Corporation's Certificate of Incorporation is amended and restated in its entirety as follows:

**"I**

The name of the corporation is Provasis Therapeutics Inc. (the "Corporation" or the "Company")."

**SECOND:** That thereafter, pursuant to resolution of its Board of Directors, a written consent of the stockholders of said corporation was duly solicited and executed, pursuant to which the necessary number of shares as required by statute and by said corporation's Certificate of Incorporation, as amended, were voted in favor of the amendment.

**THIRD:** That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said corporation has caused this certificate to be signed and attested by its duly authorized officer this 7th day of November, 2000.

By: \_\_\_\_\_

  
John W. Cardoso, Secretary



**SECRETARY OF STATE**  
**NAME CHANGE**  
**CERTIFICATE OF QUALIFICATION**

**C2204942**

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the **7th day of December, 2000**, there was filed in this office an Amended Statement and Designation by Foreign Corporation whereby the corporate name of **PROHOLD MEDICAL CORPORATION**, a corporation organized and existing under the laws of **Delaware**, was changed to **PROVASIS THERAPEUTICS INC.** This corporation complied with the requirements of California law in effect on that date for the purpose of qualifying to transact intrastate business in the State of California and as of said date has been and is qualified and authorized to transact intrastate business in the State of California, subject however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day  
of December 8, 2000.



*Bill Jones*  
**BILL JONES**  
Secretary of State *ac*